

1215

ExxonMobil Chemical Company for EXXON CHEMICAL CO.

Exxon Mobil Corporation, by the  
[Respondent]

duly authorized representative named, titled and signed below, hereby consents to this Administrative Order on Consent and agrees to be bound by the terms and conditions thereof.

BY: Zane K. Bolin Zane K. Bolin

TITLE: Area Manager, Superfund

DATED: 4/29/04

Mailing name and address for this Respondent, or for his, her or its agent for service of process:

NAME: Zane K. Bolin

TITLE: Area Manager, Superfund

ADDRESS: Exxon Mobil Refining & Supply Co.

16825 Northchase Dr., CORP-6P2-922, Houston, Tx 77060

**OPTIONAL ENCLOSURES-** Please check the appropriate box if you are filing either of the following optional applications:

- ☐ Application for financial review to qualify for reduced payment (see note on following page)
- ☒ Application for volume review (see note on following page)

**If you submit this signature page on time, and do not file the Application for Financial Review, your settlement payment will automatically be reduced by 5%.**

**ExxonMobil**  
**Refining & Supply Company**  
Global Remediation  
16825 Northchase Drive  
Houston, Texas 77060

Zane K. Bolen  
CORP-GP2-922  
713-656-9060 (p)  
713-656-9030 (f)

April 28, 2004

Thanne Cox  
Asst. Regional Counsel  
U.S. EPA - Region 9  
75 Hawthorne Street, ORC-3.  
San Francisco, CA 94105-3901

**ExxonMobil**  
*Refining & Supply*

***Sent by Overnight Mail***

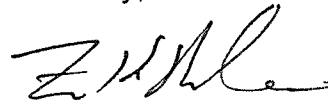
**OMEGA CHEMICAL  
SUPERFUND SITE**

Attached are the following documents:

- The settlement signature page signed by Exxon Mobil Corporation for Exxon Chemical Company.
- The volume review request

It is requested that the PRP name be changed from Exxon Chemical Company to Exxon Mobil Corporation. After the 1999 merger of Exxon Corporation and Mobil Corporation, Exxon Chemical Company became ExxonMobil Chemical Company, which is a subsidiary of Exxon Mobil Corporation. In the non-contested manifests provided, two are from Exxon Chemical Company, and the remaining are from either current or former Mobil or Exxon service stations that are not part of Exxon Chemical Company. The PRP name change to Exxon Mobil Corporation is requested to capture the different business entities reflected by the manifests.

Sincerely,



Zane K. Bolen  
Area Manager, Superfund

## Application Form for Volume Review

If your company or organization wishes to request a volume review, it must complete this form in accordance with the instructions and submit it, **accompanied by your company or organization's executed settlement signature page**, in time for it to be received by the U.S. EPA at the address noted in the offer letter no later than 5:00 p.m. on **Friday, May 7, 2004**.

Company Name: Exxon Mobil Corporation / Exxon Chemical Co  
Contact Name: Zane K. Bolen  
Contact Title: Area Manager, Superfund  
Street Address: 16825 Northchase Dr. CORP-6P2-922  
City, State & Zip: Houston, Tx 77060  
Telephone Number: 281-654-8482  
Fax Number: 281-654-8487  
E-Mail Address: zane.k.bolen@exxonmobil.com

Error Types. Please check every error type that is applicable to any manifest you would like the U.S. EPA to review. Please list each manifest you submit for review on the Manifest Review List, using the letter code(s) adjacent to the applicable error type description in the column on the Manifest Review List labeled "Error Type(s)."

☐ **A** Data Input Error. The total calculated quantity on one or more manifest(s) do(es) not match the data on the Manifest Summary. Please describe the problem for each affected manifest, enter the letter code "A" in the Error Type(s) column, and attach a copy of each manifest.

☒ **B** Generator Identification Error. One or more manifest(s) was or were attributed to the wrong generator (i.e., it does not belong to your company or organization). Please describe the problem for each affected manifest, enter the letter code "B" in the Error Type(s) column, and attach a copy of each manifest.

☐ **C** Other Error. The volume assigned to one or more manifest(s) is in error for a reason not covered in one of the above categories. Please describe the problem for each affected manifest, enter the letter code "C" in the Error Type(s) column, attach supporting documentation, and attach a copy of each manifest.

## Manifest Review List

[illegible]

\* List letter code(s) for applicable error type(s), as provided in application.

## De Minimis Offer Letter

### Application for Volume Review -Manifest List

## Omega Superfund Site

**CPL PRINTING & LABEL**  
**16800 Edwards Rd.**  
**Cerritos, CA 91701**

**Date:** 06/23/8\_  
**Manifest Number:** 88677511

**Challenge Description:**

- As the name of the generator name implies, the facility was a printing company. Exxon Mobil Corporation and predecessor companies did not operate commercial printing companies.
- Wastes listed in the attached manifests are inline with a printing company (flexo solvent is a type of print ink), not typical service station or other petroleum company waste.
- A search of internal company records did not discover a nexus between Exxon Mobil Corporation or predecessor companies with either CPL Printing & Label or the physical address.

**UNIFORM HAZARDOUS  
WASTE MANIFEST**

1. Generator's US EPA ID No.

Manifest  
Document No.2. Page 1  
of 1Information in the shaded areas  
is not required by Federal law

3. Generator's Name and Mailing Address

CPL PRINTING &amp; LABEL

16800 EDWARDS RD., CERRITOS, CA 91701

4. Generator's Phone (213) 404-6622

5. Transporter 1 Company Name

OMEGA RECOVERY SERVICES

6.

US EPA ID Number

C A D 0 4 2 2 4 5 0 0 1

7. Transporter 2 Company Name

8.

US EPA ID Number

9. Designated Facility Name and Site Address

OMEGA RECOVERY SERVICES

12504 E. WHITTIER BLVD

WHITTIER, CA 90602

10.

US EPA ID Number

C A D 0 4 2 2 4 5 0 0 1

A. State Manifest Document Number

88677511

B. State Generator's ID

C. State Transporter's ID

010384

D. Transporter's Phone

(213) 698-0991

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

C A D 0 4 2 2 4 5 0 0 1

H. Facility's Phone

(213) 698-0991

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

a. WASTE ORM-A N.O.S NA 1693 ORM-A  
(FLEXOSOLVENT)

12. Containers

No.

Type

13. Total

Quantity

14.

U.S.

Gt/Vol

15. Waste No.

State

EPA/Other

State

EPA/Other

State

EPA/Other

State

EPA/Other

12. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

a. 01

c. d.

15. Special Handling Instructions and Additional Information

16.

**GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name

MARK A SERNA

Signature

Mark A Serna

Month Day Yr

10/6/23/18

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Robert T CIRINCHI

Signature

Robert T Cirinchi

Month Day Yr

10/6/23/18

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Yr

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by the manifest except as noted in Item 19.

Printed/Typed Name

FRANK FORD

Signature

Frank Ford

Month Day Yr

10/6/23/18

GENERATOR  
TRANSPORTER  
FACILITY

**CENTURY AUTO BODY  
12525 Sherman Way  
N. Hollywood, CA 91605**

**Date: 07/18/90  
Manifest Number: 88531028**

**Challenge Description:**

- According to the attached printout from Yahoo, the facility is an ongoing auto body repair and paint business. Exxon Mobil Corporation and predecessor companies did not operate auto paint and body shops.
- Wastes listed in the attached manifests are inline with paint waste, not typical service station wastes.
- A search of internal company records did not discover a nexus between Exxon Mobil Corporation or predecessor companies with either Century Auto Body or the physical address.

[Yahoo!](#) [My Yahoo!](#) [Mail](#)



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New User? [Sign Up](#)

Search the web

[Yellow Pag](#)

## Yahoo! Yellow Pages

Your Search:

Search by Category or Business Name (e.g. Hotel or Holiday Inn)

Location: ★ Ho

**Top > Automotive > Repair and Service > Body Repair and Paint**

Business Credibility Report on Century Auto Body Repair Available

ADV

### Century Auto Body Repair

Address: 12525 Sherman Way, North Hollywood, CA 91605  
Phone: (818) 503-9797

[Email this Business Li](#)  
 [Save to Yahoo! Adre](#)

#### Related Categories

This listing appears in:

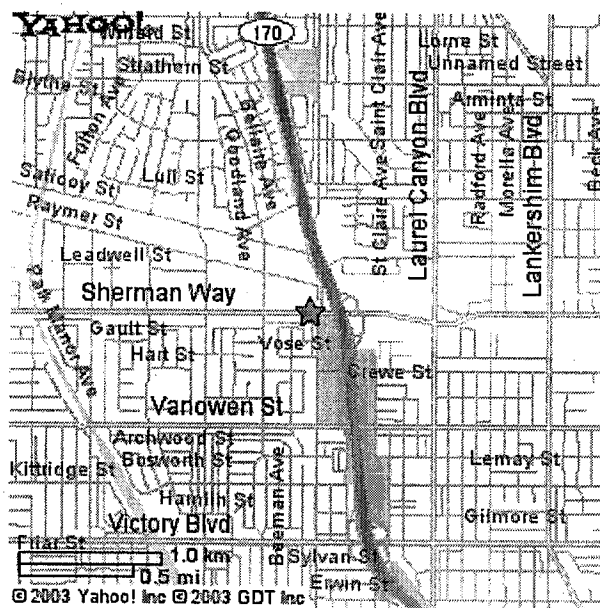
• [Repair and Service > Body Repair and Paint](#)

#### Related Searches

• [Automobile Body - Repairing & Painting](#)

#### Maps and Directions

[Interactive Map](#) | [Driving Directions](#)



**More Search**

Search the Web for

**Century Auto B  
Repair in North  
Hollywood, CA**

#### Businesses Clo

12525 Sherman W  
North Hollywood, C

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- [Department Store](#)
- [Entertainment &](#)
- [Hotels](#)
- [Change to this loc](#)

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# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.  
CAL 0000288415

Manifest  
Document No.

2. Page 1  
of

Information in the shaded areas  
is not required by Federal law.

3. Generator's Name and Mailing Address

CENTURY AUTO BODY

12525 Sherman Way No. Hollywood, Ca. 91605

4. Generator's Phone ( 818 503 0157

5. Transporter 1 Company Name

CARNY CHEMICAL CORP.

6. US EPA ID Number  
CADO42245001

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

OMEGA RECOVERY SERVICE

12504 E. Whittier Blvd.

Whittier, Ca. 90602

10. US EPA ID Number

CADO42245001

A. State Manifest Document Number

88531028

B. State Generator's ID

CAL 0000288415

C. State Transporter's ID

910338 1567

D. Transporter's Phone

947 9366

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

CADO42245001

H. Facility's Phone

800 852 8886

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers  
No. Type

13. Total  
Quantity

14. Unit  
Wt/Vol

15. Waste No.

a. WASTE, FLAMMABLE LIQUIDS NA1993 N.O.S.  
Paint Related Materials (Foos,Dool)

3 DM

165  
40

G

State 214

EPA/Other

b.

State

EPA/Other

c.

State

EPA/Other

d.

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

1. Aromatic Hydrocarbons 1213

2. Aliphic Hydrocarbons 2.213

3. Alcohols 3.213

4. Ketone 4.212

5. Paint Pigment 5.214

K. Handling Codes for Wastes Listed Above

a. 01

15. Special Handling Instructions and Additional Information

No Leakers

16.

**GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name, and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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Printed/Typed Name

Gordon BERGLAND - MANAGER

Signature

Gordon Bergland

Month Day Year

10/7/18/90

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Bill JORDAN

Signature

Bill Jordan

Month Day Year

10/21/89

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

11/11/91

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

Henry R. Salomon

Signature

Henry R. Salomon

Month Day Year

10/21/89

Do Not Write Below This Line

## CERTIFICATION

I hereby certify, under threat of penalty for having made false statements to the United States Government, that the foregoing representations in this Application for Volume Review are true and correct to the best of my information and belief.

Dated: Apr 28, 2004



(Signature)

Zane H. Bold

(Printed Name)

Area Manager, Superfund

(Title)

Employee

(Relationship to company  
or organization)